Rewards and recognition for CS techs

When managers talk about improving performance of the central sterile (CS) processing department, the question always comes up—how can you improve pay and recognition for the CS staff? CS technicians are among the lowest paid in the facility, yet they are faced with increasingly complex instrumentation. Surgeons and OR staff depend heavily on CS, yet the department lacks visibility, and the staff is often overlooked.

In interviews with OR Manager, two CS directors shared their approaches to reward and recognition. They are Richard Schule, BS, CST, CRCST, CHMMC, FEL, manager of the Surgical Processing Department (SPD) at the Cleveland Clinic in Ohio, and Susan Nielsen, RN, MSA, CNOR, administrative director of the Central Processing Department (CPD) for William Beaumont Hospital, Royal Oak, MI. The Cleveland Clinic, with 59 ORs, has a surgical volume of 37,000 procedures a year. William Beaumont’s main OR, with 36 ORs, has a volume of about 38,000 cases annually.

Q How have you improved visibility of the CS department in your organization?

Schule: As the manager or supervisor of your department, you have to get involved with your customers—you have to get out and listen. We have a customer survey we send every 6 months to perioperative staff nurses and surgical technologists. We use that as a sounding board. The survey results are graphed, and this information is shared at team meetings with the services and SPD staff responsible for those specialty instruments. Trends are identified, successes celebrated, and attention given to noncomformities.

In addition, we assign technicians responsibility for a primary and secondary service. This provides our customers with key contacts on each shift as well as creates ownership and helps to increase pride in work.

Nielsen: I am on a soapbox constantly about CPD. A year or so ago, I did a “road show” for each of the 5 OR cores, each of which has 1 or 2 services. I took a CS supervisor and a couple of staff members to their in-services and gave an overview of what we do and what they can do to help us. It gave the OR staff a chance to meet the voices on the other end of the intercom, and it gave them the message that we want to meet their needs.

We have shared governance in the hospital. I established an operations committee made up of CS staff. They make a lot of the decisions and do planning for things like CPD Week. We have instituted an Employee of the Month, who must meet criteria for attendance, productivity, teamwork, and attitude.

We have a newsletter called The Pipeline. We featured one of our supervisors, who has been here 25 years and met his wife here. We have put up a display in our Employee Service Center with some of the staff who have become certified.

Another thing we do—if one of our staff or someone in their family is having surgery here, because we have an instrument tracking system, we know who did every instrument set for that case and who pulled the case cart. The person who had surgery writes a thank you note to post in the department. Then the staff knows they all contributed to making that person’s surgery successful.

Of course, we also send people to the OR for observation during their orientation. It’s not just one thing—you use every single resource and idea you can identify.

Q What have you done to improve relations between the OR and CS?

Schule: We try to build a team approach. On each shift for each of the services, 2 SPD technicians are responsible for that service. Technology has taken
such a leap that it is difficult to train everyone on every piece of equipment. It is advantageous to have specialized technicians, especially for services like spine, orthopedics, and MIS (minimally invasive surgery). That doesn’t mean the technicians will not rotate assignments, but it is a point of contact for the OR. In each OR a list is posted of the contacts in the SPD department. So if the OR staff picks up the phone any time of day, they know who they can ask for.

I have worked with the OR education coordinator to schedule a 1- to 3-day rotation through the SPD, including decontamination and the preparation and assembly of instrument trays.

In the last couple of years, we have implemented a number of service projects. We provide our customers with a copy of our quarterly newsletter, which has been popular with the staff as well as our customers. We also provide our customers with visual monthly reports on sharps incidents, flash and Steris documentation compliance, and annual usage reports to assist them with capital purchases.

Nielsen: We conducted a performance improvement project, with the support of the administration, that has helped raise the level of service our CPD provides to the OR (related article p 20).

Q **The Cleveland Clinic is very large. Are specialized techs feasible for smaller organizations?**

Schule: Prior to coming here, after I got out of the Navy, I worked at a hospital that had 22 ORs. I did the same thing there—I had specific people who were a point of contact. In my opinion, when you have technicians who take ownership of a specific service, you are able to provide a higher quality of service.

You always want to provide an opportunity to increase the knowledge of the technicians and give them some degree of empowerment or ownership. They are very much a part of the quality care team, even though they do not give direct patient care.

Nielsen: We have teams that specialize in orthopedics, retinal surgery, and neuro. We contract with a company for reprocessing of our laparoscopic equipment.

Q **Have you found a way to address pay levels for CS techs?**

Schule: This continues to be a struggle for us and for others in the profession. There have been successes at individual facilities, but not at the local or state level. CS and SPD professionals need to realize that administrators are not going to increase their salaries solely based on volume and throughput. And administrators need to realize they no longer can hire folks off the street.

This profession has become as technical as surgical technologists, radiation technologists, or respiratory therapists. We must work together and provide a better rationale for why the CS and SPD professional should have similar earning potential to their counterparts.

Our vision is to develop a clinical ladder in SPD. Our goals for this year are to revise job descriptions and become ISO 9001:2000 certified. I am unaware of any other CS or SPD that is certified on its own quality merits. This is a big commitment on the part of the staff that will raise their knowledge level, and it will be an expression of our customers’ commitment to quality through an internationally recognized standard.

Nielsen: One of the first things I was able to do was to upgrade the techs’ classification by one level. We are now the highest paid CPD in the Detroit metro area. That helps.

Q **Are you upgrading qualifications and encouraging certification for CS techs?**

Schule: Out of our 63 technical positions, 44 are certified, or 70%. This is accomplished in several ways—some people require classroom-style learning, some take correspondence courses, and some challenge the certification exam based on their qualifications. It doesn’t matter what vehicle they use as long as they go after it.
We are moving toward making certification a part of the job requirements. I believe everybody should have a base of knowledge when they come to us, which reduces the cost of teaching them the basics. Certification doesn't necessarily mean more money at this point, but we are trying to work it into the job description.

We also explain to them that what they are learning here will help them get jobs elsewhere—some of our technicians would qualify as supervisors or lead technicians for other hospitals.

We have a waiting list of people wanting to join our department’s team. Some lack technical expertise, and we have suggested they go to the local community college and take a class. It makes them more marketable when they come to me with their applications, and it shows they have a commitment to the profession.

Nielsen: We have raised the qualifications. Before, it was a high school education. Now you either have to have some experience with instruments or to have taken a CPD course. Courses are offered in our area community colleges. I think CS is going to go the way of surgical technology, where they started training them in-house, then provided courses, and now in some areas, it is a 2-year associate degree.

We have also concentrated on getting people certified. When I came, there was one certified; now there are 15 out of our 97 FTEs.

Q Is there financial help for people who want to be certified?

Schule: There are scholarships available—and they don’t get enough applications. Some vendors also award points for dollars spent toward their products. Those points can be used to purchase correspondence courses. The points can also be used as incentives for “employee of the quarter” awards or other recognition programs for your department, at no cost to the institution.

For scholarships, check web sites of the American Society for Healthcare Central Service Professionals (www.ashcsp.org) and the International Association of Healthcare Central Service Materiel Management (www.iahcsmm.com).

Q What is the turnover rate for your CS personnel?

Schule: Five years ago, we were averaging approximately 15% to 20% turnover each year. The last few years we have settled down to about 2% to 5% a year. That does not include disciplinary departures.

Nielsen: In January 2002, we were down 10 positions. We were able to fill those positions and keep most of those employees, and the turnover rate for 2002 and 2003 was between 6% and 7%.

Richard Schule will present a seminar entitled the Quality-Driven Central Processing Department at the Managing Today’s OR Suite conference Oct 6 to 8 in Chicago.  
A conference brochure is at www.ormanager.com